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Application Number	
Filing Date	
First Named Inventor	Joseph B. Kejha
Title	Lithium Based etc.
Art Unit	
Examiner Name	
Attorney Docket Number	12010

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I hereby appoint:						
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xx Practitioner(s) nam	ned below:					
	Name	Registration Number				
Zachany	7. Wolensmith, III	26,524				
as my/our attorney(s) or a Trademark Office connect		bove, and to transact all business in the United States Patent and				
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Firm or Individual Na	ame Zachany T. Wobensi	nith, III				
Address	6091 Carversville	/Wismer Road P.O. Box 370				
City	Pipensuille	State PA Zip 18947-0370				
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Telephone	(215) 766-9976	Fax (215) 766-1990				
am the: Applicant/Invent	tor.					
	ord of the entire interest. See 37 CFR 3.71. er 37 CFR 3.73(b) is enclosed. (Form PTO/SB/90	5)				
SIGNATURE of Applicant or Assignee of Record						
Signature .	Signature presh B. Kether Date 11-15-04					
	Joseph B. Kejha	Telephone				
Title and Company						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
*Total of 3	forms are submitted.					

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Application Number	
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First Named Inventor	Joseph B. Kejha
Title	Lithium Based etc.
Art Unit	
Examiner Name	
Attorney Docket Number	1391P

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Country	USA							
Telephone	(215) 766-9976	Fax (215)	766-19	90				
I am the: Applicant/Inventor.								
1 = ''	the entire interest. See 37 CFR 3.71.							
Statement under 37 C	CFR 3.73(b) is enclosed. (Form PTO/SB/	96)						
SIGNATURE of Applicant or Assignee of Record								
Signature Date 11-15-04								
Name W₃!	Name W. Novis Smith Telephone							
Title and Company								
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First Named Inventor	Joseph B. Kejha
Title	Lithium Based etc.
Art Unit	
Examiner Name	
Attorney Docket Number	13917

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	Name		Registration Number	er			
Zachary 7	. Wobensmith, III	26,52	'4				
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Address	6091 Carversville			x 370			
City	Pipersville	State	PA	Zip 18947-0370			
Country	USA						
Telephone	(215) 766-9976	Fax	(215) 766-9	976			
I <u>am</u> the: XX Applicant/Inventor	г.						
	d of the entire interest. See 37 CFR 3.71. 37 CFR 3.73(b) is enclosed. (Form PTO/SB/	96)					
	SIGNATURE of Applicar	nt or Assignee	of Record				
Signature	DMIZM. UX		Date	11-15-04			
Name 2	oel R. McClockey		Telephone				
Title and Company							
NOTE: Signatures of all the inv signature is required, see below	ventors or assignees of record of the entire interest w*.	or their represent	ative(s) are required. Submit n	nultiple forms if more than one			
Total of 3	forms are submitted.						

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DECLARATION FOR UTILITY OR

Attomey Docket

Number

DES	SIGN	F	First Name	ed Inventor	VE 1	<i>HA</i> 10	serh B.
PATENT APPLICATION		v		СОМ		F KNOWN	sepil Dai
(37 CF	FR 1.63)	7	Application Number				
Declaration	Declarati	T	Filing Date				
Submitted OR With Initial	Submitte Filing (su	d after Initial Ircharge	Art Unit		 		
Filing	(37 CFR required		Examiner	Name			
					·		
I hereby declare that:							
Each inventor's residence, ma	iling address, ar	nd citizenship are a	s stated b	elow next to th	eir name) .	ļ
I believe the inventor(s) name which a patent is sought on the			nventor(s)	of the subject	matter w	vhich is clair	ned and for
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the specification of which		(Title of the li	nvention)				
is attached hereto							
OR							
was filed on (MM/DD/Y	YYY) 06/0	8/2002	as Unit	ed States App	lication N	Number or P	CT International
	<u> </u>						1
Application Number PC7/	us02/5	and was amended	on (MM/E	DD/YYYY)			(if applicable).
I hereby state that I have revie			of the above	ve identified sp	ecificatio	on, including	the claims, as
amended by any amendment and the rebu claim to			l ent	itu stat		7CFR S	ec. 1.198
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I hereby claim foreign priority							
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Additional foreign ap	plication number	s are listed on a su	pplement	al priority data	sheet PT	ГО/SB/02B а	attached hereto.

[Page 1 of 2]

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and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Joseph B., Inventor's Signature Residence: City/ Residence: City/ Mailing Address 1830 Columbia Avenue City State Zip Country Inventor's Signature NAME OF SECOND INVENTOR: Given Name (first and middle [if any]) Joseph B., Inventor's Signature City State Zip Country Family Name or Surname Jane Country Family Name or Surname Smith Date 1/-15-09 Residence: City Residence: City Family Name or Surname Smith Date Mailing Address 1830 Columbia Avenue City State Pennsylvania Mailing Address 1830 Columbia Avenue City State Pennsylvania Mailing Address 1830 Columbia Avenue City State Pennsylvania Touchty State Pennsylvania Mailing Address 1830 Columbia Avenue City State Pennsylvania Touchty State Pennsylvania Touchty Joseph B., Country Joseph B., Country Citizenship WSA Mailing Address 1830 Columbia Avenue City State Pennsylvania Touchty Touch		USA	(2	15) 766-	9976	(21	5) 7	66-1990
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Mailing Address 1830 Columbia Avenue City State Pennsylvania Ty032-0005 USA NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Smith Inventor's Signature Pennsylvania Country USA Residence: City State Pennsylvania WSA Mailing Address 1830 Columbia Avenue City State Zip Country USA Citizenship USA Tolcroft Pennsylvania Ty032-0005 USA	Ĭ	Inventor's Signature Wyli	8. Kejti	a				Date 11-15-04
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Given Name (first and middle [if any]) $W_{\bullet l}$ Novis Inventor's Signature Residence: City $Philadelphia$ $Pennsylvania$ Country USA Mailing Address 1830 Columbia Avenue City $Folcnoft$ State $Pennsylvania$ Zip $19032-0005$ USA		Folcroft	Pennsylvan	ia	190	132-0005		USA
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		City	State		Zip		Count	ry .
Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.		Folcroft	Pennsylvan	ia	190	32-0005	USA	
	j	Additional inventors or a legal re	presentative are being nam	ned on the	supplemental st	neet(s) PTO/SB/02A	or 02LR	attached hereto.

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ADDITIONAL INVENTOR(S)

DECLARATION			Supplemental Sheet Page 2 of 2				
Name of Additional Joint Inv	ventor, if any:		A petition h	as been filed for this un	signed	inventor	
Given Name (first and middle (if any))			Family Name or S	Sumame			
Joel R.	McCloske	. <i>y</i>					
Inventor's Signature	10 M				//- Date	1/-15-04 Date	
Philadelphia Residence: City		Pennsylv State	ania	LSA ntry	US Citizenship		
1830 Columbia Ave	nue						
Mailing Address							
Folcroft		Pennsylv State	vania	19032-0005 Zip	US Count		
Name of Additional Joint Inv	ventor, if any:		A petition h	as been and for this un	signed	inventor	
Given Name (first and	d midd!e (if any))			Family Name or Su	ırname		
			4.34				
Inventor's Signature					Date		
Residence: City	-	State	-	Country		Citizenship	
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